

Testimony of Laurie M. Young, Ph.D.  
To the Policy Committee  
Of the White House Conference on Aging  
Consumer Perspective of Mental Health and Substance Abuse Key Issues  
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I'm Laura Young, executive director of the Older Women's League and a member of the National Coalition on Mental Health and Aging. I want to thank you for the opportunity this morning to speak with you about the prevalence of mental health disorders in our aging population, the consequences of inadequate treatment, as well as the consequences to informal primary caregivers who care for them. I come to you today wearing multiple hats. I am a consumer of mental health services, a provider of mental health services, as well as an national advocate who served as the primary caregiver to an aging parent with mental health disorders. All of the groups I represent before you are challenged by an inadequate system of care and a need for a more comprehensive public policy regarding mental health and aging over the next decade.

Most Americans think that mental illness is a normal part of aging. Many think, "I'd be depressed too, if I were getting older." In fact, mental illness, dementia, and substance abuse are not a normal part of aging. Most older adults continue to grow, thrive and enjoy life as they age. They live long years without mental illness. This is not the case for many other older Americans. In fact:

- One in five Americans—young and old and in-between—has a diagnosable mental disorder during any one-year period (National Institute of Mental Health/NIMH).
- The most common mental disorders for adults aged 55 and older are anxiety, mood disorders, and severe cognitive impairment (American Association for Geriatric Psychiatry/AAGP).
- Out of 35 million older Americans, two million are estimated to have a diagnosable depressive illness, and another five million exhibit significant symptoms of depression (NIMH).
- 11.4% of adults over 55 have an anxiety disorder (NIMH).

We also know that ignoring mental illness is expensive and increases suffering. Research shows that when older persons' physical illnesses are complicated by a mental illness like depression, those patients require more visits to primary care physicians and emergency rooms, greater usage of medications, and more hospital admissions. Also, their treatment outcomes are worse. For example, rehabilitation from a hip fracture or a heart attack is less successful and more expensive.

Suicide is a huge problem in aging.

- Although adults aged 65 and older comprise only 13% of the U.S. population, they accounted for 18% of the total number of suicides that occurred in 2000 (NIMH).
- The highest rate of suicide (19.4 per 1,000) is among people aged 85 and over, a figure that is twice the overall national rate. The second highest rate (17.7 per 100,000) is among adults aged 75 to 84 (American Association of Suicidology/AAS).

- Older adults have a considerably higher suicide completion rate than other groups. While for all age groups combined there is one suicide for every 20 attempts, there is one suicide for every four attempts among adults who are 65 and older (AAS).

While suicide is the most extreme outcome of inadequate diagnosis and treatment, there are many other consequences to a fragmented system and overlooked illnesses.

- Mental illness among the elderly is routinely under-diagnosed and under-treated; up to 75% of depressed older Americans are not receiving the treatment they need (AAS).
- Only about half of older adults who discuss specific mental health problems with a physician receive any type of treatment. Only a small fraction of those who undergo treatment receive specialty mental health services (AAGP).
- Up to 4/5 of nursing home residents and 2/3 of community residing older adults in need of psychiatric services fail to receive them.
- Medicare covers just 50% of mental health services for older adults (AAGP). While legislation for parity in mental health coverage awaits passage, this will not effect Medicare reimbursement rates for mental health treatment.
- One recent study shows that 80% of older adults recovered from depression after receiving combination treatment of psychotherapy and anti-depressant medication (NIMH)
- Consequences of untreated psychiatric disorders in older people include diminished functioning, substance abuse, poor quality of life, and increased mortality (NIMH).

Undiagnosed and untreated mental illness has serious implications for older adults and their loved ones. Research shows that the sooner people with mental illness get help, the better their long-term outcome will be.

Older Americans, family members, caregivers, neighbors and friends—and especially healthcare providers—need to know the difference between healthy grieving over losses and unhealthy depression, between normal worries and anxiety disorders, and between normal use and overuse of alcohol and medications to dull emotional and/or physical pain.

Failure to provide adequate mental health care for older adults takes a disproportionate toll on women. Consider one common illness: depression. Women are more than twice as likely as men to be diagnosed with depression and typically live six years longer, further expanding the opportunity for undiagnosed illness. As caregivers, midlife and older women are often left to deal with undiagnosed and untreated mental health disorders in others. Caregivers are at a three times greater risk of depression, especially after caring during a terminal illness.

Several years ago, I found myself a member of the “sandwich generation”, caring for an aging parent with dementia and psychotic depression and a daughter who was then 7 years old. I remember many days walking between them and experiencing the feelings of being pulled in both directions, often worried whether there was enough caregiving to go around. What astonished me

most however, was that despite of my background in mental health, and my then employment as Senior Vice President of the National Mental Health Association, I was constantly frustrated by barriers to treatment for my mother. I fought for a dignity for her during her last stage of life, and found frustration. Lack of information by providers, and overworked and untrained caregivers led to an emotionally tortured end of life experience. Surely there must be a better way. Our older Americans deserve better, and caregivers require public policy that supports their efforts.

Thank you for listening.